

## CITY OF DECATUR FINANCE DEPARTMENT #1 GARY K ANDERSON PLAZA DECATUR IL 62523 LICENSING – (217) 424-2709

FEE: Annual \$115

Individual: Based on prize value

\$25 for up to first \$1000 \$10 for each additional \$1000

Maximum Fee: \$115

## **RAFFLE LICENSE APPLICATION**

Application must be submitted no fewer than 10 days before the intended sale of raffle chances. PLEASE ALLOW A MINIMUM OF TEN (10)-FOURTEEN (14) BUSINESS DAYS FOR LICENSE APPROVAL

Organization Name	Phone#			
Address				
Street	City	County	State	Zip Code
Mailing Address	City	County	State	Zip Code
Check Type of Organization:	·	·		•
Fraternal Educational	Veterans	Religious	S	
Charitable Labor	Other/Give Descrip	tion:		
How long has this organization been in existence	?			
Place and Date of Incorporation (Please attach cop	by of Certificate of Goo	od Standing and A	rticles of Inc	<u>orp</u> .)
Place		Date		
Number of members in good standing	( <u>Please provide Lis</u>	t of Members)		
Dates of Raffle Ticket Sales				
Location(s) of Sales				
Location for Determining Winners				
Manner for Determining Winners				
Date(s) for Determining Winners				
Total Retail Value of All Prizes Awarded in a Sin	ngle/Annual Raffle	\$		
Maximum Retail Value of Each Prize Awarded is	n a Single Raffle	\$		
Maximum Price Charged for Each Chance Sold		\$		
TO BE COMPLETED BY FINANCE DEF	. Individ	dualAn	nual	
	Amou	nt Paid \$		
	Date P	aid		
Chief of Police Date	Licens	e Number		
	Licens	e Expires		
	Licens	e Issued		
City Manager Date				

# Please attach photo IDs for all listed on application. President/Chairperson Phone# Name MI Last Address State Zip Code Social Security # - - IL Driver's License # Date of Birth / Place of Birth Raffles Manager Name\_\_\_\_ Phone# ΜI Last Address City State Zip Code Social Security #\_\_\_\_\_- IL Driver's License #\_\_\_\_ Date of Birth\_\_\_\_\_/\_\_\_\_Place of Birth\_\_\_\_\_ List names of members who will be responsible for conduct and operation of raffles (use additional page if needed): Number of members responsible: ATTACH PHOTO IDs FOR EACH LISTED DATE OF BIRTH NAME (First, MI, Last) PHONE# NAME (First, MI, Last) DATE OF BIRTH PHONE# NAME (First, MI, Last) DATE OF BIRTH PHONE# **ATTESTATION:** "The undersigned attest that the above named organization is organized not-for-profit under the law of the State of Illinois and has been in continuous existence for 5 years, preceding date of this application, and that during this entire 5 year period preceding date of application, it has maintained a bona fide membership actively engaged in carrying out its objects. The undersigned do hereby state under penalties of perjury that all statements in the foregoing application are true and correct; that the officers, operators and workers of the games are bona fide members of the sponsoring organization and are all of good moral character and have not been convicted of a felony; that if a license is granted hereunder, the undersigned will be responsible for the conduct of the games in accordance with the provisions of the laws of the State of Illinois and this jurisdiction governing the conduct of such games." President/Chairperson Signature Name of Organization\_\_\_\_\_ Today's Date

\*NOTE: BOND REQUIRED IN AMOUNT EQUAL TO DOUBLE THE TOTAL PRIZE VALUE\*

\* PER CITY CODE CHAPTER 62, SECTION 8 \*

#### What does the City of Decatur do with your Social Security Number?

Statement of Purpose for Collection of Social Security Numbers Identity-Protection Policy

The Identity Protection Act, 5 ILCS 179/1 *et seq.*, requires each local and State government agency to draft, approve and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security number (SSN). This statement of purpose is being provided to you because you have been asked by the City to provide your SSN or because you requested a copy of this statement.

#### Why do we collect your Social Security number?

You are being asked for your SSN for one or more of the following reasons:

- •Complaint, mediation or investigation;
- •Crime victim compensation;
- Vendor services, such as executing contracts and/or billing;
- •Law Enforcement verification;
- •Internal verification:
- •Administrative services; and/or,

•Other:	

#### What do we do with your Social Security number?

We will only use your SSN for the purpose for which it was collected.

We will not:

- •Sell, lease, loan, trade or rent your SSN to a third party for any purpose;
- •Publicly post or publicly display your SSN;
- •Print your SSN on any card required for you to access our services;
- •Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or,
- •Print your SSN on any materials that are mailed to you, unless State or federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.

## **Questions or Complaints about this Statement of Purpose?**

Write to the: City of Decatur, #1 Gary K. Anderson Plaza, Decatur, IL 62523